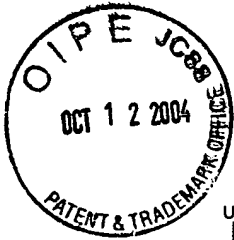


2611



PTO/SB/92 (08-03)  
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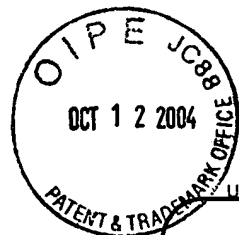
  
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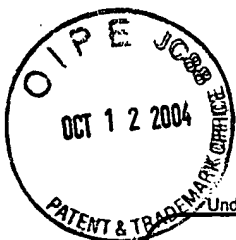
|   |                      |                        |         |
|---|----------------------|------------------------|---------|
| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number   | 10/790330              |         |
|   | Filing Date          | 1 March 2004           |         |
|   | First Named Inventor | Konig                  |         |
|   | Art Unit             | 2611                   |         |
|   | Examiner Name        | Antione Royall         |         |
| Total Number of Pages in This Submission  | 6                    | Attorney Docket Number | HMM-100 |

| ENCLOSURES (Check all that apply)   |  |   |
|---|--|---|
| <input type="checkbox"/> Fee Transmittal Form                             | <input type="checkbox"/> Drawing(s)  | <input type="checkbox"/> After Allowance Communication to TC                            |
| <input type="checkbox"/> Fee Attached                                     | <input type="checkbox"/> Licensing-related Papers  | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input type="checkbox"/> Amendment/Reply                                  | <input type="checkbox"/> Petition  | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final                                      | <input type="checkbox"/> Petition to Convert to a Provisional Application                          | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                        | <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request                        | <input type="checkbox"/> Terminal Disclaimer   | <input type="checkbox"/> Other Enclosure(s) (please identify below):                    |
| <input type="checkbox"/> Express Abandonment Request                      | <input type="checkbox"/> Request for Refund  |   |
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| <input type="checkbox"/> Reply to Missing Parts/Incomplete Application    | Remarks  |   |
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| Firm Name   | Technology Patents and Licensing, Inc.   |   |
| Signature   |  |   |
| Printed name  | Charles A. Eldering  |   |
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|                        |  |
|------------------------|--|
| Application Number     | 10/790,330                               |
| Filing Date            | 1 March 2004                             |
| First Named Inventor   | Richard König                            |
| Title                  | Method and System for Advertisement Dete |
| Art Unit               | 2611                                     |
| Examiner Name          | Unknown                                  |
| Attorney Docket Number | HMM-100                                  |

I hereby appoint:

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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name Patrick T. Igoe

Signature

Date 9/24/2004

Telephone (215) 766-2100

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 4 forms are submitted.

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☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
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**SIGNATURE of Applicant or Assignee of Record**

Name Michael A. Plotnick

Signature

Date

Telephone (215) 766-2100

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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name Richard König

Signature

Date

28/6/2004

Telephone 44-0771-2530033

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name Charles A. Eldering

Signature *Charles A. Eldering*

Date

SEPT 03, 2004

Telephone

(215) 766-2100

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